

STUDENT REGISTRATION FORM

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	FAMILY ALERT	BUS STOP	BUS ROUTE _____ AM PM

STUDENT NAME: Legal Last Name (<i>per WAC 180-57-070</i>)		Legal First Name	Legal Middle Name	Goes by:
BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country	Student Cell Phone Number:	Home Phone Number: Check if unlisted <input type="checkbox"/>
STUDENT SOCIAL SECURITY # (<i>optional</i>)	NATIVE LANGUAGE (first language spoken by student) <input type="checkbox"/> English <input type="checkbox"/> Espanol <input type="checkbox"/> Other: _____	HOME LANGUAGE (language student speaks at home) <input type="checkbox"/> English <input type="checkbox"/> Espanol <input type="checkbox"/> Other: _____	THE STUDENT'S CURRENT LIVING SITUATION IS: <input type="checkbox"/> Temporary due to economic hardship or disaster <input type="checkbox"/> Temporary in foster care or group home <input type="checkbox"/> An unaccompanied youth (living without the support of parent or guardian) <input type="checkbox"/> None of the above	
STUDENT EMAIL ADDRESS				

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? Yes No
 IS THERE A RESTRAINING ORDER IN EFFECT? Yes No (**If yes, legal papers must be on file with the school for enforcement**)
 Restraining order is against: Mother Father Other _____

PRIMARY HOUSEHOLD

PRIMARY RESIDENCE ADDRESS	Street _____ Apt # _____	City _____	State _____	ZIP _____
MAILING ADDRESS (If different)	Street or PO Box _____ Apt # _____	City _____	State _____	ZIP _____
Parent(s)/guardian(s) where student resides Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		
Parent(s)/Guardian(s) where student resides Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		

SECOND HOUSEHOLD

RESIDENCE ADDRESS	Street _____ Apt # _____	City _____	State _____	ZIP _____
MAILING ADDRESS (If different from above)	Street or PO Box _____ Apt # _____	City _____	State _____	ZIP _____
Parent(s)/Guardian(s) where student resides part-time Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	HOME PHONE:	CELL PHONE/PAGER: WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		
Parent(s)/Guardian(s) where student resides part-time Last Name _____ First Name _____		RELATIONSHIP TO STUDENT:	CELL PHONE/PAGER:	WORK PHONE:
E-MAIL ADDRESS		EMPLOYER NAME AND ADDRESS:		



SCHOOL PREVIOUSLY ATTENDED	SCHOOL DISTRICT PREVIOUSLY ATTENDED	PREVIOUS SCHOOL LOCATION (City and State)
HAS STUDENT EVER ATTENDED VASHON PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, DATE ATTENDED (Month/Year)
HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ School: _____		
State House Bill 1153 Provides that when enrolling a student who has attended another school in another district, the school enrolling the student may request the parent and the student to indicate in writing whether or not the student has a history of violent behavior or behavior listed in RCW 13.04.155		
HAS YOUR CHILD EVER PARTICIPATED IN: <input type="checkbox"/> Title <input type="checkbox"/> Learning Assistance Program <input type="checkbox"/> Gifted/Highly Capable <input type="checkbox"/> English as Second Language <input type="checkbox"/> Special Education (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Other: IF YES, PLEASE SUPPLY FAMILYLINK WITH PROPER DOCUMENTATION (IEP, 504 PLAN, ETC)		HAS YOUR CHILD EVER BEEN RETAINED? <input type="checkbox"/> Yes - Grade level(s) _____ <input type="checkbox"/> No

If injury, illness or another situation occurs involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons, in order of preference, you trust who are available during the day to pick up and provide care for your child.

PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
PRIMARY CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell

*Should there be a major disaster, your student may be required to remain in the care of the school staff until Emergency Services personnel authorizes the release of students. At that time, students will be released **only** to pre-authorized parents and/or designees. If telephone service is interrupted within our area, emergency telephone centers may be set up using communication satellites to allow out of state calls. Therefore, it is important that an out of state telephone number of a relative or close friend be provided.

*OUT OF STATE CONTACT (other than parent/guardian) <i>Last Name</i> <i>First Name</i>	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
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CHILD'S PHYSICIAN	PHONE NUMBER (include area code)	INSURANCE (optional)
ALLERGIES AND/OR SPECIAL MEDICAL CONDITIONS (Please list)	If so, is there a current Care Plan in place with VISD? <input type="checkbox"/> Yes <input type="checkbox"/> No	PREFERRED HOSPITAL

If a student has a shared custody arrangement, please choose and indicate below, ONE primary contact for absences, illness, transportation questions, etc, to best assist us in making contact:

- Mother Father Primary Residence Legal Guardian/Other Second Residence /Legal Guardian/Other

Occasionally FamilyLink uses pictures of our students for publicity purposes. Please indicate:

- I approve the use of my student's picture & name for publicity purposes only. I approve the use of my student's picture but not name for publicity purposes only. I DO NOT approve the use of my student's picture or name for publicity purposes.

PLEASE LIST OTHER SIBLINGS ATTENDING VASHON ISLAND PUBLIC SCHOOLS			
Last Name	First Name	School	Grade

Legal Parent/Guardian Signature _____ Date _____

Thank you for completing this form. This information is important to your child's health and safety. REV: 8/2014